

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OHIO, WESTERN DIVISION						INVOLUNTARY PETITION	
IN RE (Name of Debtor – If Individual: Last, First, Middle) Apostelos, William M.				ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.) William Apostelos			
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.):							
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 35 Commercial Way Springboro, OH 45066				MAILING ADDRESS OF DEBTOR (If different from street address)			
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Warren				ZIP CODE 45066		ZIP CODE	
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)							
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11							
INFORMATION REGARDING DEBTOR (Check applicable boxes)							
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts		Type of Debtor (Form of Organization) <input checked="" type="checkbox"/> Individual (Includes Joint Debtor) <input type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other			
VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.				FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>			
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)							
Name of Debtor		Case Number			Date		
Relationship		District			Judge		
ALLEGATIONS (Check applicable boxes) 1. <input checked="" type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.					COURT USE ONLY		

B 5 (Official Form 5) (12/07) – Page 2

Name of Debtor William M. Apostelos

Case No. _____

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>x _____ Signature of Petitioner or Representative (State title) <u>Dr. Rafael M. Cruz</u></p> <p>_____ Name of Petitioner</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity</p> </div> <div style="width: 45%;"> <p>_____ Date Signed <u>10-15-14</u></p> <p><u>1360 Little Yankee Run</u> _____ Dayton, OH 45458</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>x <u>/s/ Robert G. Hanseman</u> Signature of Attorney <u>Sebaly Shillito + Dyer LPA</u></p> <p>_____ Name of Attorney Firm (If any) <u>1900 Kettering Tower, Dayton, OH 45423</u></p> <p>_____ Address <u>937-222-2508</u></p> <p>_____ Telephone No.</p> </div> <div style="width: 45%;"> <p><u>10/15/2014</u> Date</p> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>x _____ Signature of Petitioner or Representative (State title) <u>Dr. Gloria M. Cruz</u></p> <p>_____ Name of Petitioner</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity</p> </div> <div style="width: 45%;"> <p>_____ Date Signed</p> <p><u>245 S. Franklin St</u> _____ <u>Lambertville, NJ 08530</u></p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>x <u>/s/ Robert G. Hanseman</u> Signature of Attorney <u>Sebaly Shillito + Dyer LPA</u></p> <p>_____ Name of Attorney Firm (If any) <u>1900 Kettering Tower, Dayton, OH 45423</u></p> <p>_____ Address <u>937-222-2508</u></p> <p>_____ Telephone No.</p> </div> <div style="width: 45%;"> <p><u>10/15/2014</u> Date</p> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>x _____ Signature of Petitioner or Representative (State title) <u>Dr. Joseph P. Mullane</u></p> <p>_____ Name of Petitioner</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity</p> </div> <div style="width: 45%;"> <p>_____ Date Signed</p> <p><u>245 S. Franklin St</u> _____ <u>Lambertville, NJ 08530</u></p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>x <u>/s/ Robert G. Hanseman</u> Signature of Attorney <u>Sebaly Shillito + Dyer LPA</u></p> <p>_____ Name of Attorney Firm (If any) <u>1900 Kettering Tower, Dayton, OH 45423</u></p> <p>_____ Address <u>937-222-2508</u></p> <p>_____ Telephone No.</p> </div> <div style="width: 45%;"> <p><u>10/15/2014</u> Date</p> </div> </div>	
PETITIONING CREDITORS		
Name and Address of Petitioner	Nature of Claim	Amount of Claim
<u>Dr. Rafael M. Cruz</u>	<u>Promissory Note</u>	<u>\$3,699,298.56</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
<u>Dr. Gloria M. Cruz</u>	<u>Promissory Note</u>	<u>\$818,374.25</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
<u>Dr. Joseph P. Mullane</u>	<u>Promissory Note</u>	<u>\$704,410.00</u>
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

_____ continuation sheets attached

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor William M. Apostelos

Case No. _____

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

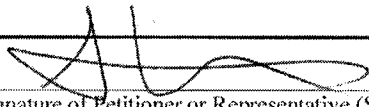
REQUEST FOR RELIEF

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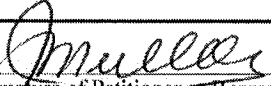
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x _____
Signature of Petitioner or Representative (State title)
Dr. Rafael M. Cruz
Name of Petitioner _____ Date Signed _____
Name & Mailing _____
Address of Individual _____ 1360 Little Yankee Run
Signing in Representative _____
Capacity _____ Dayton, OH 45458

x /s/ Robert G. Hanseman 10/15/2014
Signature of Attorney _____ Date _____
Sebaly Shillito + Dyer LPA
Name of Attorney Firm (If any) _____
1900 Kettering Tower, Dayton, OH 45423
Address _____
937-222-2508
Telephone No. _____

x 
Signature of Petitioner or Representative (State title)
Dr. Gloria M. Cruz
Name of Petitioner _____ Date Signed _____
Name & Mailing _____
Address of Individual _____ 245 S. Franklin St
Signing in Representative _____
Capacity _____ Lambertville, NJ 08530

x /s/ Robert G. Hanseman 10/15/2014
Signature of Attorney _____ Date _____
Sebaly Shillito + Dyer LPA
Name of Attorney Firm (If any) _____
1900 Kettering Tower, Dayton, OH 45423
Address _____
937-222-2508
Telephone No. _____

x 
Signature of Petitioner or Representative (State title)
Dr. Joseph P. Mullane
Name of Petitioner _____ Date Signed _____
Name & Mailing _____
Address of Individual _____ 245 S. Franklin St
Signing in Representative _____
Capacity _____ Lambertville, NJ 08530

x /s/ Robert G. Hanseman 10/15/2014
Signature of Attorney _____ Date _____
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Name of Attorney Firm (If any) _____
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PETITIONING CREDITORS

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